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NHSN Meeting at APIC Conference in San Jose

Please join us for the annual NHSN Meeting on Monday, June 25 from 5:45-6:45 pm in the Convention Center at the APIC Annual Educational Conference and International Meeting in San Jose, California. Members of the NHSN Team will be there to talk about current issues and future directions for NHSN.

Tentatively, we'll cover the following:

- Bringing in new facilities (e.g., states with mandatory reporting, open enrollment)
- What's coming next? (HCP Component, patient influenza, MDRO, CLIP)
- Statistical analysis – new possibilities for output (SIR)
- User feedback

Reminder: Back Up Your Digital Certificate

Please remember to make a back up copy of your digital certificate and save it on a flash drive, CD, or floppy disk. Digital certificates are expensive and you pay for them with your federal tax dollars. Step-by-step instructions for making a back up copy are found in the *NHSN Facility Administrators Enrollment Guide* on page 15

(http://www.cdc.gov/ncidod/dhqp/pdf/nhsn/NHSN_Facility_Admin_Enrollment_Guide032307.pdf) and in the *NHSN User Start-up Guide* on page 13

(http://www.cdc.gov/ncidod/dhqp/pdf/nhsn/NHSN_User_StartUp_Guide_032307.pdf).

How to Change an Incorrectly Mapped Location

Example: You have entered Monthly Reporting Plans for Jan, Feb, and Mar 2007 for a location that you've named MICU (a medical ICU). You notice that it is incorrectly mapped to a surgical ICU (Surgical Critical Care).

1. Create a new location with the CDC Location Description you would like to use, making sure to map it to the correct CDC Location Code. *In the example above, create a location called MEDICU and map it to CDC code "Medical Critical Care". You should use a different location code from the old code you are wishing to change.*
2. Edit all Plans that contain the old location (*Jan, Feb, and Mar 2007 in the example*). Substitute the old location (MICU) with the new, correct location (MEDICU). Save each plan.

To help with this process, you can use the "previous" and "next" buttons at the bottom of the "View Monthly Reporting Plan" screen to navigate to the previous or next month's plan:



3. Edit all affected summary data records for the old location (*in the example, these would be for Jan, Feb, and Mar 2007*). Substitute the old location with the new location. Save each edited summary data record.
4. If you have added custom fields to the summary (denominator) data form for the old location, you will need to recreate these custom fields for the new location.
5. Edit all in-plan event records (e.g., CLABSI, VAP, CAUTI) that contain the old location. (Tip: you can search for event records by location). Don't forget to save your changes!
6. Go back to Location manager screen and do one of the following:
 - a. If you have changed the location in all records, find the old location, check the box, and click "Delete". If you still have records tied to the old location, you will receive a message that will inform you that the location cannot be deleted.
 - b. If you changed the location for a specific time period and no longer wish to use the old location, click on the location code, then select "Inactive" under "Status".

For additional information on how to edit events, summary data, Monthly Reporting Plans, and locations, please refer to the

Protocol Pointers

Reporting antibiograms is required for Protocol Events

For all protocol events, that is, those events indicated in a Monthly Reporting Plan that you are monitoring, pathogen and antibiogram information is required. This is true regardless of whether the pathogen is one listed on the back of the printed forms. For example, if an in-plan event is due to *Proteus mirabilis*, you must report its entire antibiogram. For those organisms that do appear on the back of the form, a select antibiogram is required.

For events not in-plan that you may wish to enter into NHSN, pathogen and antibiogram are not required. If, however, you enter a pathogen, then you must enter a susceptibility result for at least one antimicrobial agent, even if that result is "Not Tested".

Interpretation of "physician institutes appropriate antimicrobial therapy"

When applying the criteria for Laboratory Confirmed BSI (LCBI), specifically criteria 2b and 3b, the term "physician institutes appropriate antimicrobial therapy" means that an antimicrobial agent with activity against the organism is started by the physician. This will likely be empirically selected since it would be started before the results of cultures were ready. If the agent is stopped because either no organism is identified or the one identified is not sensitive to the agent being used for therapy, then this criterion is not met. If the organism is susceptible to the agent but the agent is discontinued, then this criterion is met. The language of the criterion does not state that a full course of therapy must be completed; rather it says it only needs to be initiated.

VAP clarifications

In following the conversation thread on the APIC List related to ventilator-associated pneumonia (VAP), we think it's important to make the following points about the protocol that we use in CDC's National Healthcare Safety Network (NHSN) for monitoring these infections:

- A VAP is pneumonia (PNEU) that occurs in a patient who was intubated and ventilated at the time of or *within* 48 hours before the onset of the pneumonia.
- There is no minimum period of time that the ventilator must be in place in order for the PNEU to be considered ventilator-associated.
- The above protocol has been used for all of the years that NNIS/NHSN has collected VAP data and is the basis for the published comparative rates. It is not a change in methodology.

In reviewing the comments on this topic, there seems to be disagreement about whether or not a pneumonia should be considered an HA-VAP if it is the result of "aspiration during or near the time of intubation". CDC has been clear on this subject since NNIS/NHSN began collecting data using the revised pneumonia criteria in January 2002. Pneumonia due

to gross aspiration (for example, in the setting of intubation in the emergency room or in the field by an EMT) is considered healthcare-associated if it meets any of the specific criteria and was not clearly present or incubating at the time of admission to the hospital. There is no reason to believe that a pneumonia which develops following an intubation procedure is not as preventable as a pneumonia resulting from improper equipment processing.

Determining the number and duration of operations for patients who return to the OR

If a patient goes to the OR more than once during the same admission and another procedure is performed through the same incision within 24 hours of the original operative incision, report only one procedure on the *Denominator for Procedure* (CDC 57.750) record, combining the durations for both procedures. For example, a patient has a CBGB lasting 4 hours. He returns to the OR six hours later to correct a bleeding vessel. The surgeon reopens the initial incision, makes the repairs, and re-closes in 1.5 hours. Record the operative procedure as one CBGB with the duration of operation as 5 hour 30 minutes.

NHSN locations and device-associated infections

When entering a device-associated infection (e.g., CLABSI, VAP, CAUTI) into NHSN, the location will be the nursing ward/unit where the patient is housed and where denominator data are collected. The location for these events should *not* be recorded as the location where the device was inserted, unless it is the same location. For example, if a patient is transferred to a surgical ward following insertion of a central line in the operating room, and 24 hours later develops a CLABSI, the location should be recorded as the surgical ward – not the OR. The operating room, emergency room, interventional radiology room, c-section room, cardiac cath lab and other locations where procedures or diagnostics are performed are not areas where patients are housed overnight and where denominator data are collected. Therefore, counts of patient days or device days cannot be obtained for use as denominators of device-associated infection rates and device utilization ratios.

NHSN Statistics – May 2007

Facilities reporting in NHSN	545
Monthly Reporting Plans	7,960
Patients entered	288,691
Summary Data Records	15,464
Events	330,442
BSI	12,294
PNEU	6,438
SSI	10,768
UTI	10,103
DI	7,075
Procedures	276,991
Facilities importing OR records	47
Output (Rates, graphs, etc.) generated	48,562

